

VA BUTLER HEALTHCARE
VA STREAMING AUDIO PODCAST

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Topic: OEF/OIF Returning Service Members VA
Health Benefits & Services

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OEF/OIF Program Manager

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OEF/OIF Case Manager

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1 MS. CLOSKEY: Welcome to the VA Butler
2 Healthcare Brown Bag Lunch Chat. I'm Cynthia
3 Closkey. Our topic today is OEF/OIF Returning
4 Service Members VA Health Benefits and Services.

5 Approximately 837,000 service members
6 have been mobilized since 2002. Many of them
7 returning home require medical care and
8 behavioral health services, yet only 39 percent
9 of them have utilized VHA health care. Why?
10 Often it's because they are uncertain as to the
11 process of accessing the benefits available to
12 them.

13 Today in our chat, we'll be talking
14 about what medical care and behavioral health
15 services are available, who is eligible, and how
16 to find the right benefit or service for you or
17 your family member.

18 With us today, I have two
19 distinguished guests. We have Bill Cress. Bill
20 has served as the Operation Enduring Freedom and
21 Operation Iraqi Freedom program manager at VA
22 Butler Healthcare since August 2007. Bill earned
23 a BSW from Slippery Rock University in 1995 and

1 an MSW from the University of Pittsburgh in 1999.

2 Our second guest is Tom Parsons. Tom
3 has served as the Operation Enduring Freedom and
4 Operation Iraqi Freedom case manager at the VA
5 Butler Healthcare since June of 2008. Tom began
6 his career with Department of Veterans Affairs
7 Pittsburgh facility where he worked on the
8 telemetry unit. Tom earned a BSN from the
9 University of Pittsburgh in 1998 and is currently
10 pursuing a master's in Public Administration and
11 a Master's of Public Health Degree from American
12 Military University.

13 Hi, welcome.

14 MR. CRESS: Hi.

15 MR. PARSONS: Hi.

16 MS. CLOSKEY: Thanks for joining us.

17 We've got a lot of interesting topics to get
18 through and a lot of questions that we have.
19 We're hoping also later in the call to be taking
20 some questions from our listeners.

21 If you are listening live and want to
22 ask a question, you have a few options. If
23 you've dialed in by phone, we'll open up the line

1 for questions maybe about halfway through the
2 call. So start thinking now what your questions
3 are and we'll get to those.

4 If you are listening online through
5 the Talkshoe Website, you can type your question
6 in through the chat window, and we'll be able to
7 see it and respond. So let's -- I understand
8 these questions come up pretty often.

9 Let me start with this. What
10 programs, just sort of generally, are available
11 for returning service members who are in an
12 emotional need?

13 MR. CRESS: I think the misconception
14 of the VA is that we are just basically here to
15 provide general medical care. A lot of our
16 veterans and soldiers when they come home, they
17 think that they are coming into the VA and all
18 they are going to do is they're just going to
19 come in and, you know, maybe get a physical and
20 get some general medications and things like
21 that.

22 What a lot of our veterans don't
23 understand or realize is that the VA system has

1 comprehensive care, just about anything you could
2 find also in a community hospital or a civilian
3 hospital. So when we're meeting with veterans
4 for the first time, I always make sure that they
5 understand that it's not just medical care that
6 we offer. We have dental care services. We have
7 optometry, things such as chiropractic care, KT,
8 PT, rehab services.

9 A lot of our veterans come home and
10 because of the heavy gear and the physical nature
11 of their deployment, have issues with their feet
12 and their ankles. So we refer them to podiatry.
13 So there is a whole gamut of medical services and
14 behavioral health services that the VA provides.

15 MS. CLOSKEY: Interesting. Tom, do
16 you have any notes to add?

17 MR. PARSONS: Pretty much Bill has
18 covered a lot of it. We do have some
19 recreational therapy. Another big thing that
20 they are working on right now is with the people
21 who come back and are having trouble finding
22 jobs. We're working with the local employment
23 agency to make sure they get assistance finding

1 that kind of work.

2 We're working with the homeless. A
3 lot of vets are finding that they are homeless,
4 especially with the young guys. We have programs
5 for that, too.

6 MS. CLOSKEY: Excellent. Is there
7 anything in particular that people are most
8 surprised to find out that's available to them?

9 MR. CRESS: I think one of the things
10 is that, again, like we provide audiology
11 services, which is a big one because a lot of our
12 veterans serving overseas, they are around a lot
13 of explosions, heavy machinery noises, equipment,
14 things like that. So audiology is definitely
15 something common we like to utilize.

16 I'm trying to think what else. Also,
17 when a veteran comes back, they are entitled to a
18 free pair of glasses. So a lot of veterans are
19 using the optometrist to get eye care, as well.

20 MS. CLOSKEY: Fantastic. Who
21 coordinates returning service members' VA care
22 and how is the confidentiality maintained?

23 MR. CRESS: We have in our system,

1 every VA in the country -- there are 153 or 156
2 VAs in the country nationwide. Every VA has some
3 sort of OEF/OIF team or clinic. Sometimes they
4 are structured a little different, but they all
5 do the same kind of common thing.

6 At Butler what we do is myself, I'm a
7 program manager, so I do work with veterans one
8 on one. I do some administrative type stuff.

9 Tom works -- being that he has a
10 nursing background, he does a lot of work
11 addressing the medical questions, medications,
12 things like that.

13 What happens is we have a team and we
14 share a pager. So when a veteran comes in for
15 the first time, one of us gets paged. We go to
16 the registration department. We meet with them.
17 We provide them all of the initial information.

18 Also, we get a lot of phone calls from
19 military bases and hospitals, such as Walter Reed
20 and Bethesda. I might get a phone call say, for
21 example, from like Fort Benning and they'll say,
22 I have a soldier returning to your area, this is
23 his information, could you please set up

1 appointments, when he gets to your area can you
2 have these arranged.

3 We have a very strict confidentiality
4 policy and, Tom, do you want to address that?

5 MR. PARSONS: Confidentiality,
6 basically anything you tell Bill or myself or any
7 of the providers at Butler, we are not allowed to
8 talk to anybody about what you say unless we have
9 a release of information from you basically
10 granting us the permission to go ahead and
11 release that information.

12 So any time you talk to us, even if we
13 know you from the community or anything like
14 that, what you tell us will stay there.

15 MS. CLOSKEY: So it sounds very
16 hands-on and very personal. Anyone who hasn't
17 met these guys yet, I would like to encourage you
18 to call them up and get acquainted because they
19 are real nice fellows.

20 I think one of the things that we
21 talked about, you mentioned dental benefits. How
22 long are those available?

23 MR. PARSONS: The dental benefits, we

1 encourage everybody to get enrolled as soon as
2 possible because that is the first one that
3 expires. That one expires at 180 days after your
4 release from duty, and also your DD-214 has to
5 say on it that you didn't receive that benefit
6 when you were released.

7 What that means, the 180 days, is that
8 if you come in, you get your initial appointment
9 scheduled and if we find anything wrong with you,
10 we will go ahead and treat that even if it runs
11 past the 180 days.

12 MS. CLOSKEY: So the timing is really
13 important on that one.

14 MR. PARSONS: Yes, that's the first
15 one that expires.

16 MS. CLOSKEY: Very good.

17 MR. CRESS: Unfortunately, after the
18 initial 180 days the dental clinic will usually
19 only see somebody for emergency purposes. So we
20 really, like Tom was saying, we really encourage
21 them to come in, even just to get that initial
22 exam, checkup, cleaning, just to make sure they
23 find anything that they may need treatment for

1 within that time.

2 MS. CLOSKEY: Very important, all
3 right. Are there VA programs and services
4 available for transitioning veterans?

5 MR. PARSONS: Yeah, we have a lot of
6 programs and that's kind of like where Bill was
7 talking about, we get an alert from Walter Reed,
8 and so we have somebody coming back. They may
9 still be on active duty, like in the Wounded
10 Warrior Program. So for them, their benefits are
11 different, and that's where Bill and I really
12 need to get involved with them and coordinate the
13 care through TRICARE and just make sure that they
14 get the appointments that they need. That's kind
15 of where we get involved in it.

16 MR. CRESS: The interesting thing,
17 too, is the way it's set up. There are a lot of
18 different levels in the system with
19 transitioning. I'll give you an example. At
20 Butler Hospital, we work with a couple folks who
21 are with -- if you're familiar with the term
22 VISN, the Veterans Integrated Service Network --
23 which is the group of VA Hospitals all within one

1 geographical area.

2 What these folks do is they go out
3 into the community. They work with guys coming
4 home. They have experience themselves with prior
5 military service. They do that for the VA and
6 then there are also different programs, such as
7 for Army veterans, we have a fellow who is with
8 the Army Wounded Warrior Program that works with
9 Army veterans.

10 We also work with a fellow who works
11 with -- he's an active duty Marine and he will
12 work with veterans in the Marine Corps.

13 So some of the benefits from these
14 programs are vague and open to all veterans.
15 Other ones are specific more to specific branches
16 and things like that.

17 MS. CLOSKEY: Excellent. We're going
18 to -- I see we've got a couple people listening
19 in. What I would like to do is open up the phone
20 lines for a couple moments and see who has got
21 any questions.

22 When I do this -- and let's not all
23 shout at once, but do chime up and let us know if

1 you're interested. Tell us your name, if you
2 can, or if would rather remain anonymous, that's
3 fine, too, and let us know what you're thinking.
4 This will take just a second, I think, to unmute
5 everybody. Hello?

6 CALLER NO. 1: Hello.

7 MS. CLOSKEY: Hi, do you have a
8 question?

9 CALLER NO. 1: Yeah, I got a question.
10 How long after returning service members'
11 deployment are they eligible for VA health
12 benefits and services?

13 MR. PARSONS: I can answer that one.
14 For five years after they come back from their
15 deployment, they are eligible for free treatment
16 for anything that could be related to their
17 deployment.

18 Now, that's determined by our
19 providers. So whether you are seeing
20 psychologists or psychiatrists or physical
21 therapy, a primary provider, if they check yes on
22 that box that it could be related to your
23 deployment -- and they are pretty liberal on that

1 to make sure that you don't get a copay -- you're
2 eligible for free treatment for that.

3 Now, if you come in -- say you're at
4 home playing volleyball or something like that
5 and you break your arm, you're going to come in
6 and you're going to have a copay treatment.
7 We're not going to deny you service, but you'll
8 have a copay because that's not related to
9 deployment.

10 After that five years, if you have any
11 injury that is related to your deployment, we're
12 going to try and encourage you to get
13 service-connected for that, so for the rest of
14 your life that treatment will be free.

15 MS. CLOSKEY: It sounds like there is
16 a lot of complexity here and I'm sure it's hard
17 for everyone to keep straight what's what, but it
18 also sounds like there is a lot of personal
19 interaction, the option for anyone to ask at any
20 time, hey, is this covered. Is that right?

21 MR. CRESS: Yeah, there is. The
22 five-year combat veteran benefit is kind of open
23 for interpretation. So when we do get veterans,

1 one of the first things we ask them when they
2 come in is do you understand what that is. Some
3 veterans understand it completely, other ones
4 have a vague idea what it is. So it's our job to
5 kind of do an individual interview and assessment
6 and find out what's going on with them and how
7 that applies to their benefits.

8 MR. PARSONS: If anybody ever gets a
9 bill that they question or they think could be
10 related to their deployment, they could come see
11 Bill and myself and we can answer that question.
12 If we think it's related to the deployment, we
13 will go to the billing office and we'll try to
14 get that corrected.

15 MS. CLOSKEY: Super. Did that answer
16 your question?

17 CALLER NO. 1: Yes, it did. Thank
18 you.

19 MS. CLOSKEY: Thank you. We've talked
20 a little bit about how the different services
21 have different things. What about women
22 veterans? Are there particular services
23 available to women veterans?

1 MR. CRESS: Yeah, we actually have --
2 the interesting thing about the women veterans is
3 we recently, within the last several years, have
4 been putting -- myself have been really putting
5 together, trying to raise awareness of what's
6 going on with the female veterans.

7 Right now what they are saying is on
8 average nationally, there are probably about
9 anywhere from 10 to 12 percent of the veterans we
10 see are females. Right now in Operation Iraqi
11 Freedom and Operation Enduring Freedom, we have
12 the highest number of females serving in the
13 military than in any other era in history.

14 So we do have a women's veterans
15 program manager. Her name is Brenda Sprouse.
16 When we get a new veteran that's a female, we
17 introduce her to Brenda and we try to get Brenda
18 involved because a lot of times with females,
19 they are not comfortable talking to men for
20 obvious reasons. So we try to include Brenda in
21 when we do our notes and when we go out to
22 outreach and try to provide her with information.

23 But that five-year veteran benefit

1 that Tom was talking about also applies to all
2 the female medical services that you're entitled
3 to, as well.

4 MS. CLOSKEY: Very good. Let's see,
5 are there any other -- let me unmute our callers.
6 Do any other callers have a question?

7 CALLER NO. 2: Yes, I had a question.
8 What services are available for soldiers
9 returning from duty with posttraumatic stress
10 disorder or a traumatic brain injury?

11 MS. CLOSKEY: Great question.

12 MR. CRESS: Yeah, that's a good
13 question because there are actually a lot and
14 those are scenarios that Tom and I really get
15 involved in on a day-to-day basis.

16 First let me answer for PTSD,
17 posttraumatic stress disorder. We're seeing a
18 lot of veterans are coming home and because of
19 their combat experience, they have witnessed some
20 kind of traumatic event that makes transitioning
21 home a little difficult.

22 Everyone kind of has some difficulty
23 transitioning home, but where it really gets to

1 be a problem is when it's an extended amount of
2 time and it starts affecting their relationships,
3 their jobs, starts having a negative impact on
4 their life.

5 So what we do is when a veteran first
6 comes in, we do an assessment and we just ask
7 them a lot of questions relating to that, some of
8 the symptoms are, are you having trouble
9 sleeping, do you experience nightmares, are you
10 having trouble with your mood such as
11 irritability or anger outbursts, are you feeling
12 uncomfortable in crowds, are you constantly on
13 guard or alert, things like that.

14 For the veterans that answer yes, we
15 can do a referral to our behavioral health
16 program, which has different levels built into it
17 where a veteran can come in and can see a
18 psychiatrist once a month for medication, maybe
19 to help them sleep or relieve the anxiety, to
20 something as intensive as routine counseling,
21 routine therapy. We have groups, several
22 different groups, aimed at PTSD. We even have a
23 group aimed specifically for OEF/OIF veterans.

1 So it's all up to the veteran. We are
2 not going to force medications. We're not going
3 to say you have to come in for treatment. But
4 after the initial intake, we're going to discuss
5 with them this is what we recommend, what are you
6 willing to do with us, and the plan is kind of
7 made with the veteran with their ideas.

8 MR. PARSONS: And another treatment we
9 have is we have an inpatient treatment program
10 where if it's really interfering with your life
11 or your family life, it's a place to kind of get
12 away from those stressors and then to get some
13 intensive treatment.

14 We also have the Vet Centers which are
15 other veterans who will meet with you. It's
16 totally confidential. They will come to your
17 home. They'll meet you at your place of work,
18 anywhere like that, and they will give you some
19 counseling services and there is no documentation
20 of that. So basically it's between you and them,
21 and as far as anybody else is concerned, it never
22 happened.

23 MS. CLOSKEY: So the confidentiality,

1 that would be really important to anyone that is
2 considering it and is nervous about it.

3 MR. PARSONS: Right. We have a lot of
4 individuals who come back and they don't know if
5 their symptoms really are PTSD. They are just
6 having some adjustment issues and they just want
7 to talk to somebody about it and get their
8 opinion as to what they should do, and the
9 veterans are real helpful.

10 MR. CRESS: Tom actually brings up a
11 good point. One of the points is there seems to
12 be a lot of stigma around PTSD and asking for
13 help. Of course, in the military, a lot of times
14 the soldier will think if I ask for help or if
15 I'm having trouble sleeping, it's some sign of
16 weakness or it's some sign that I'm broken in
17 some way. It's not. PTSD can be treated. We
18 treat it just the same way you would treat
19 diabetes or a broken arm.

20 The other part of this -- the other
21 thing I just remembered is we also have a suicide
22 prevention hotline. All the VA Centers in the
23 country now have a suicide prevention

1 coordinator, and what that is is if we need to
2 meet with them for anything and through that
3 conversation they tell us that maybe they are
4 having thoughts of maybe wanting to harm
5 themselves or they are having some suicidal
6 thoughts, we have a staff member who is
7 specifically trained for suicide prevention and
8 suicide awareness, and we have people meet with
9 them on the spot, on call, and are able to talk
10 to them and make specific referrals and get some
11 help.

12 MR. PARSONS: A lot of what Bill and I
13 do at the Butler VA is that we may get a call
14 from a family member or somebody that works at
15 Reserves with them or even a boss somewhere where
16 they work and they just call us confidentially
17 and they say, hey, I'm worried about this person,
18 they are drinking a lot, they are not showing up
19 to work.

20 They could call Bill or myself at any
21 time and then we will just call the veteran to
22 check up on them and see if we can urge them to
23 come in. We're not going to badger them or

1 pester them, but we're just going to do a
2 wellness check on them and see how they are
3 doing. We are not going to tell them that your
4 family called us and, you know, asked us to get
5 involved. We're just going to let them know
6 about the services.

7 MS. CLOSKEY: Great. What is the
8 number for that suicide prevention line?

9 MR. CRESS: It's 1-800-273-TALK,
10 T-A-L-K, or 8255. It's not just for veterans.
11 It's for anybody who wants to use it. The nice
12 thing about this is that there is an option when
13 you call in that you can identify yourself as a
14 veteran and be able to talk to somebody who is
15 experienced working with veterans.

16 MS. CLOSKEY: That sounds really
17 valuable, great question, really great question.
18 Let's just do a check here. Any other questions
19 out there in our listening audience?

20 (No response.)

21 MS. CLOSKEY: There is some shuffling
22 of papers, but that's okay. Let me also take
23 this time to say if you had a question that came

1 up later, you can put in a note on the Facebook
2 page and, of course, if you are uncomfortable
3 doing that for privacy reasons, which is
4 absolutely understandable, we're going to be
5 sharing some phone numbers and so on.

6 In addition to that hotline, we'll be
7 giving you some other ways to get in touch with
8 folks and ask questions so you can make sure --
9 because it is always as you're driving away or as
10 you leave the room, you think of all the things
11 you wish you would have asked.

12 MR. CRESS: Actually, I wanted to
13 mention something. In the second part of that
14 last caller's question, they asked about TBI, and
15 we kind of got wrapped up in the PTSD. The TBI,
16 traumatic brain injury, is something else that we
17 put a lot of focus on.

18 Again, that's any kind of injury that
19 may be related to a head injury. Some people
20 think it's just related to like a blast or
21 explosion, but what I found out in my experience
22 is that a lot of our soldiers being deployed
23 experience all kinds of bizarre accidents that

1 can relate to a head injury.

2 We've had fellows that got hit in the
3 head with equipment, flying debris, fell down
4 stairs. We had a fellow that fell out of a
5 helicopter from a short distance and hit his
6 head. Some of the problems associated with those
7 are vision, memory issues, balance, things like
8 that.

9 So what we do here is we actually have
10 a TBI clinic, and it's a team that when you come
11 in, if you identify yourself as somebody having
12 these issues, we go through the assessment where
13 you'll see the audiologist, the physical
14 therapist, you'll meet with the physiatrist. So
15 you will see a whole team of folks that can
16 evaluate you for your potential for a traumatic
17 brain injury, and then we recommend follow-up,
18 following you through appointments.

19 MS. CLOSKEY: Okay. I have a couple
20 other things that I wanted to ask about. We
21 talked about the transition from military to
22 civilian life. Are there any other notes about
23 that, that I think people are not aware of all

1 the services that are available?

2 MR. PARSONS: Probably the biggest
3 thing that people need to be aware of is when you
4 talk about the five-year window, this is that you
5 have to get to the VA and get enrolled there
6 within that five years.

7 After the five-year window, you just
8 can't walk in with your DD-214 and enroll at the
9 VA. So within that five years, you're guaranteed
10 enrollment. It's called a Group 6, Priority
11 Group 6, which means that you won't be denied any
12 services.

13 After that five years expires, then
14 the only way you can get enrolled at the VA is by
15 a needs basis if you are out of that window. So
16 we encourage everybody to get enrolled within
17 that five years and then for the rest of your
18 life -- if say 20 years from now, you have an
19 issue or your life circumstances change, you
20 don't have a job or anything like that, you can
21 come in and get treatment right away.

22 MS. CLOSKEY: When we're looking at
23 numbers like only 39 percent of returning vets

1 take advantage of these things, I can see why
2 there is a lot of outreach at this time to get
3 people to just come in and just start talking
4 with you and start a record.

5 MR. PARSONS: Right, and Bill and I
6 have seen veterans who, unfortunately, they got
7 back at the beginning of the current situation
8 we're in, and it's five years, two months after
9 they returned from deployment. They are in a
10 situation now where they want to come in. They
11 are starting to notice anger issues, but they
12 never enrolled so it really puts us in a spot to
13 try and get them in for treatment. You have to
14 look at how much money they make and the access
15 that they have, but if they would have come in
16 two months earlier, that wouldn't even be a
17 question.

18 MS. CLOSKEY: That hurts, that's got
19 to be pretty tough. If there is anyone that you
20 know who has not gone in and enrolled, you might
21 try to encourage them, and family members, I
22 think, would want to chip in on that, too.

23 Let's go outside of the -- one other

1 kind of issue, what happens if a veteran gets in
2 trouble with the law? Is there a way, after
3 their tour of duty, for them to seek VA
4 assistance, like a supervised VA treatment
5 instead of jail time?

6 MR. CRESS: We just recently
7 probably -- I don't know -- within the last six
8 months or a year, the VA developed what they call
9 the Veterans Justice Outreach, and in Butler, our
10 co-worker's name is Brad Schaffer.

11 What Brad does is he will go -- not
12 just necessarily for OEF/OIF veterans but
13 veterans in general, he has a relationship with
14 the local jail, and he will visit the jail and
15 anyone, I believe, that's within like six months
16 of discharge if they are eligible for VA
17 benefits, he will help coordinate their follow-up
18 treatment when they get out of jail.

19 So just from Tom and I, our position,
20 already in such a short time that this program
21 has been in place, it's been very helpful. Just
22 in the short time we've been doing it, he's been
23 a big asset to us.

1 MR. PARSONS: The important thing to
2 remember about that is the involvement that the
3 VA has will not be an alternative to jail. If
4 they are incarcerated, we are not going to try to
5 get them out jail. We're going to see what put
6 them in that predicament, and we're going to try
7 to treat that and help them so they can
8 transition back and not end up in that situation
9 again.

10 MS. CLOSKEY: Assuming that whatever
11 had happened was sort of a symptom of this
12 underlying --

13 MR. CRESS: Correct, and a lot of that
14 we leave up to the legal system, too, because we
15 have veterans that are coming in that maybe part
16 of their legal results, I guess, is the fact
17 that, all right, we'll discharge you from jail
18 but you have to attend -- go to your PTSD groups,
19 you have to comply with your medications and
20 things like that. We don't make that
21 determination.

22 We leave that up to the legal system
23 and then we have the veterans fill out a release.

1 It's pretty individualized. Every situation is
2 different.

3 MS. CLOSKEY: I had a question. What
4 benefits are there for soldiers currently serving
5 in the Air National Guard and the Reserves?

6 MR. PARSONS: Basically, if they have
7 been deployed for Iraqi Freedom or Enduring
8 Freedom -- and that doesn't mean they had to go
9 to Iraq or Afghanistan. That means they had to
10 be deployed in support of. You could have been
11 deployed down to the 911th Reserve Base out of
12 Pittsburgh and been processing people for
13 mobilization. Those individuals are eligible for
14 benefits with the VA. So as soon as they get
15 released from those orders and they have a
16 DD-214, they are eligible for any services as any
17 other individual who has been deployed.

18 Now, one thing that we do tell a lot
19 of people who are still in the National Guard and
20 are still in Reserves is to consider maintaining
21 the TRICARE Reserve Select Insurance just because
22 it's a big program for you that anything that the
23 VA doesn't cover -- say you get in a car wreck

1 driving home from work, the VA really won't cover
2 the treatment for that because it's not service
3 related.

4 We will treat you, but you're going to
5 have copays and if you had an emergency room
6 visit, you're going to be stuck with that bill,
7 but if you have the TRICARE Reserve Select,
8 you're going to be covered under that and it's
9 pretty affordable.

10 MS. CLOSKEY: That's fantastic.

11 MR. CRESS: The other interesting
12 thing about that is I saw a statistic that said
13 roughly 34 percent of Army Reservists have been
14 deployed multiple times. If you are re-deployed,
15 your five years starts over when you come back.

16 MS. CLOSKEY: That's valuable. That's
17 an important point to make.

18 MR. PARSONS: One of the things that
19 Bill and I are involved with is that a lot of
20 veterans aren't deployable because of the
21 treatment they are receiving at the VA, whether
22 it be behavioral health or medical or anything
23 like that, but they are still in the Reserves.

1 If their unit is going to mobilize and
2 they don't feel that they can participate or
3 there is a reason, a legitimate reason, why they
4 can't go, Bill and I will get involved and we'll
5 talk to the unit and just let them know what the
6 status is. Then again, that's a confidentiality
7 thing that the veteran has to agree for us to
8 talk to them.

9 MS. CLOSKEY: Okay, good point. One
10 last time to see if there is any questions in the
11 audience, any final thoughts.

12 (No response.)

13 MS. CLOSKEY: Great. Actually,
14 speaking of final thoughts, Bill and Tom, as we
15 wrap this call up, are there any points that you
16 want to make sure to make to anyone who is
17 listening in?

18 MR. CRESS: I've just got a couple
19 things. One is every year the VA hosts an annual
20 Welcome Home Event. This year it's going to be
21 August 20 at the Lawrence County Fair and so all
22 OEF/OIF veterans, if you get in touch with either
23 myself or Tom, you'll get two free tickets to the

1 Lawrence County Fair.

2 During that time, we'll have our
3 health assessment team up there to give you some
4 things. We're going to have some giveaways.
5 We're going to have some services available
6 there. Any other veteran, all veterans, will be
7 admitted half price, but if you're an OEF/OIF
8 veteran, please contact us and we'll see that you
9 get a couple free tickets for the day.

10 MR. PARSONS: And myself, I would just
11 like to thank any of the veterans or their
12 families out there for their sacrifices, and I
13 want to give you Bill and my number if you wanted
14 to contact us at any time. Like I said, this is
15 family members or any veteran.

16 Just call the Butler VA at
17 724-285-2493 or 1-800-362-8262. For Bill, it
18 would be Extension 2493, and for myself, it would
19 be 4745. Also, if you just call the main number
20 and ask the operator, say, hey, I need to talk to
21 those OEF/OIF guys, they know us. They know who
22 to put you through to. Or if you happen to show
23 up and you're looking for us, just ask for Bill

1 and Tom, those OEF/OIF guys, and they'll find us.

2 MS. CLOSKEY: (Inaudible.)

3 MR. PARSONS: Kind of, yeah.

4 MS. CLOSKEY: All right. Let me give
5 the main number while we're talking about it,
6 800-362-8262 or in the 724 area code,
7 724-287-4781. You can check all through the
8 Website for our local VA, www.butler.va.gov, and
9 we have an official page on Facebook. You can
10 search for VA Butler. You'll find it that way or
11 go to [Facebook.com/vabutlerpa](https://www.facebook.com/vabutlerpa). Then we also have
12 Twitter. On Twitter, the User ID again is
13 VABUTLERPA.

14 So I want to take a moment also to
15 thank our veterans, thank everyone for calling in
16 and for listening in, and I would like to thank
17 our guests very much for coming and sharing your
18 time and sharing your insight and experience. I
19 very much appreciate it.

20 Our next episode for the lunchtime
21 calls is going to be on August 5. It's going to
22 be again at noon. Our topic will be Vietnam
23 Veterans VA Health Benefits, and our guest will

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1 be Dr. Mark Urich.

2 Thanks again for listening in and

3 we'll catch you later. Bye-bye.

4 (End of audio recording.)

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C E R T I F I C A T E

I hereby certify that the proceedings
have been fully and accurately transcribed to the
best of my ability and that this is a true and
correct transcript of the same.

HEATHER PEARCE-McHUGH
Certified Shorthand Reporter
Registered Professional Reporter

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